

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19155 (3)**
1. Corporation Name
INDIANTOWN BAPTIST CHURCH, INC.

Principal Place of Business 15457 S.W. 150 STREET P.O. BOX 275 INDIANTOWN FL 34956-3323	Mailing Address 15457 S.W. 150 STREET P.O. BOX 275 INDIANTOWN FL 34956-0275
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1987	3a. Date of Last Report 02/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1310764	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERMAN, DONALD 15110 S.W. TRAIL CT. P.O. BOX 275 INDIANTOWN FL 34956				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Donald Herman* **14 Mar 96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTLEY, ROBERT	1.2 NAME	
STREET ADDRESS	25001 SW 86TH ST.(P.O. BOX 284)	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANTOWN FL 34956	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, DON	2.2 NAME	
STREET ADDRESS	15110 S.W. TRAIL CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANTOWN FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MYRTLE	3.2 NAME	SD
STREET ADDRESS	14624 SW CITRUS BLVD	3.3 STREET ADDRESS	LEGERE, MYRTLE
CITY - ST - ZIP	INDIANTOWN FL	3.4 CITY - ST - ZIP	14402 SW DIVOT DR INDIANTOWN, FL 34956
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODE, WARREN	4.2 NAME	
STREET ADDRESS	14700 S.W. CITRUS BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANTOWN FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald Herman* **14 Mar 97** **561 5972586**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DON HERMAN Date Daytime Phone # 0071132

CR2E037 (9/96)